

# **CITY OF STAFFORD**

**2610 South Main**

**Stafford, Texas 77477**

**Equal Employment Opportunity – it is our policy to provide equal employment opportunity throughout the City for all qualified persons without regard to race, color, religion, age, sex, or national origin.**

Name (Last, First, Middle)			(Day) Telephone Number		
Present Address (Street, City, State, ZIP)			(Night) Telephone Number		
			Email		
Permanent Address (Street, City, State, ZIP)					
Minimum Salary Expected		Date Available for Employment		Employment Desired Permanent      Temporary	
Would you accept temporary employment? Yes                  No			Please list position desired (First Preference)		
Please list position desired (Second Preference)			Willing to travel Infrequently      Frequently      Occasionally		
State Nature of Related Work Experience			Will you perform shift work? Yes                  No		
If not a U.S. Citizen or permanent resident, what type of Visa do you have?					
Valid Drivers License? Yes      No		License Number	State Issued		Date Expires

# United States Military Service Record

**Branch:**

**Total Length of Active Service:**

**Type and Date of Discharge:**

**Highest Rank Attained:**

### Major Duties:

[illegible]

**References: Give three references familiar with your work and/or background.**

<b>Name:</b>	<b>Address:</b>	<b>Phone Number:</b>

<b>Education - Highest Grade Completed (Enter 1-12)</b>		
<b>High School Attended and Location:</b>		
<b>Dates Attended From/To:</b>	<b>Courses of Study Major/Minor:</b>	<b>Degree Received:</b>
<b>Vocational or Technical School Attended:</b>		
<b>Length of Program:</b>		
<b>College or University and Years Attended:</b>		
<b>Other - include special training, military courses, apprenticeships completed and any other education you believe is important</b>		
<b>Grade Average in School (Overall):</b>		
<b>Foreign Languages</b>		
<b>Spoken:</b>	<b>Written:</b>	<b>Read:</b>
<b>Titles of Thesis and Special Research Projects:</b>		
<i>(Note: You may omit references to activities in this section which might reveal age, race, color, sex, or national origin.)</i>		
<b>Name and description of scholastic honors received including scholarships:</b>		
<b>Name honorary, technical and professional organizations of which you have been a member, or other extra-curricular activities in which you have participated including offices held (List Professional Licenses held):</b>		
<b>Indicate Source Which Referred You:</b>		
<b>Campus Placement Office</b>	<b>Private Employment Agency</b>	
<b>Employee Referral</b>	<b>Governmental Employment Agency</b>	
<b>Rehire</b>	<b>Published Advertisement</b>	
<b>Walk-In</b>	<b>Other (Specify)</b>	
<b>Write-In</b>		
<b>Additional Information:</b>		

## **AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION**

I, \_\_\_\_\_, do hereby authorize a review of and full disclosure of all records concerning myself to a duly authorized agent of the City of Stafford, whether said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of governmental agencies, educational institutions, financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings), and other financial statements and records wherever filed, employment and pre-employment records, including background reports, efficiency ratings, and complaints or grievances filed by or against me.

I also understand that an investigative consumer report and background check may be made whereby information is obtained through personal interviews with third parties, such as family members, business associates, financial sources, friends, neighbors, or others with whom I am acquainted concerning information as to my character, general reputation, personal characteristics, and mode of living as the City may determine, and I consent to and authorize any person to furnish information for such report.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the City of Stafford. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

I further declare that all information in the attached application, signed and dated by me this date, is true to the best of my information and belief and that any willful misrepresentation herein shall be sufficient cause for termination.

A photocopy of this release form will be valid as an original thereof, even though said photocopy does not contain an original writing of my signature.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature (include maiden name)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
Res. Phone

\_\_\_\_\_  
Bus. Phone

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
S.S.#